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FAX TRANSMISSION**DATE:** April 13, 2005**PTO IDENTIFIER:** Application Number 10/602,234
Patent Number**Inventor:** Makoto Sawada**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** EDWARDS & ANGELL, LLP
John B. Alexander, Ph.D.**PHONE:** (617) 439-4444**Attorney Dkt. #:** 48781-DIV (71526)**PAGES (Including Cover Sheet):** 6**CONTENTS:** Amendment Transmittal (1 page)
Response to Restriction Requirement (3 pages)
Certificate of Transmission (1 page)

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PTO/SB/97 (09-04)

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Application No. (if known): 10/602,234

Attorney Docket No.: 48781-DIV (71526)

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Amendment Transmittal (1 page)

Response to Restriction Requirement (3 pages)

AMENDMENT TRANSMITTAL LETTER				Docket No. 48781-DIV (71526)	
Application No. 10/602,234	Filing Date June 23, 2003	Examiner D. C. Gamett	Art Unit 1647		
Applicant(s): Makoto Sawada					
Invention: ESTABLISHED CELL LINE OF MICROGLIA					
TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims		- 20 =		x	
Independent Claims		- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input checked="" type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
John B. Alexander, Ph.D. Attorney Reg. No.: 48,399 EDWARDS & ANGELL, LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 439-4444				Dated: <u>April 13, 2005</u>	
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Docket No. 48781 DIV (71526)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: M. Sawada

SERIAL NO.: 10/602,234

GROUP: 1647

FILED: June 23, 2003

EXAMINER: D. C. Gamett

FOR: ESTABLISHED CELL LINE OF MICROGLIA

CERTIFICATE OF FACSIMILE

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Date: April 13, 2005

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Michelle P. Chicos

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P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Applicants are in receipt of the Office Action dated March 31, 2005 and request reconsideration of the above-identified application in view of the following claim amendments, remarks and elections.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 3 of this paper.